Lake County

Community Health Assessment

2019

Qualitative Report

Focus Group

2018 Eastern Oregon Coordinated Care Organization (EOCCO) Community Health Assessment (CHA) Focus Group Report: Lake County, Oregon

Date of Report: December 12, 2018
Date of Focus Group: May 22, 2018 (Christmas Valley); June 1, 2018 (Lakeview)
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Overview of Data Collection

The EOCCO Community Health Assessment Focus Group was held on May 22, 2018 in Christmas Valley and a second on June 1, 2018 in Lakeview. The focus group sessions were recorded for accuracy and lasted about one hour and twenty minutes, including time for group discussion and follow-up questions. All focus group participants from each focus group were provided food and offered a $25 gift card for their participation. Focus Groups are method of data collection focusing on qualitative information regarding attitudes, perceptions and beliefs of the participants. The focus group protocol covered three community health assessment focus areas: (a) *community health*, (b) *health and healthcare disparities*, and (c) *social determinants of health.* (See Appendix A for Focus Group protocol). Analyses consisted of transcribing the focus group discussion, coding the transcript using qualitative analysis software (MAXQDA) and analyzing content and key quotes that highlight relevant points for future discussion and action (See Appendix B for detailed procedures).

Part 1. SUMMARY FINDINGS: High Coverage Topics

As part of the data analysis, our analysis team used qualitative analysis software to code and determine the number of times an area of discussion was raised (based on unduplicated number of comments) and/or length of discussion. Highlighted topics (see Table 1) that revealed high coverage included (a) Social and Community Context (Community Programs and Community Norming) and (b) Health Care (Health Behaviors, Availability of Healthcare Services and Vulnerable Populations).

Table 1. Examples of High Coverage Topics

Health Topic	Direct Quote Examples
Social & Community Context – *Community Programs*	*"The community has really stepped up on the Alger Theater project, and you know you can say that's a stretch for help, and it's really not…[it's] socializing…. it has been a heart of this community." (Lakeview)* *"The programs we have been able to offer…are really great. We have chronic pain self-management and we have the back health program…and I have people from diabetes class self-management coming as well. So we have that program… [they may] …not stay the whole twelve weeks…but they stay and talk about what…changes for them and what helps them. I hear from people in those programs talk…and I watch people, the way they walk…and act… [it strengthens people]." (Lakeview)* *"I have been honored to spend time with K-6 teaching them personal hygiene…[and] being able to provide them with personal hygiene items…we have talked about keeping the outside clean, we've talked about eating…then will talk about exercise and tie it all together, and give them hygiene products for the summer." (Christmas Valley)*

	"I oversee all the health things in the clinic but my passion truly is…the health of children." *(Christmas Valley)*
Social & Community Context – *Community Norming*	*"I think…[it]…comes back to the sense of community, and when you have that strong sense of community and you… [have a] …personal investment in your health…you can talk yourself out of it…when you have accountability because of your community, I think that really supports the healthy lifestyle. You have a group of people are going hiking, or you have these programs are community based, and there is a group of people expecting you to be there…our sense of community…helps us be healthier."* *(Lakeview)* *"… everybody has a place out here; everybody belongs out here; they know who they can go to when they need help. They know who can help them do what. I think that's important… another aspect in the community is knowing that you can ask for help knowing that people will help you without judgment. You don't find that in a larger city. In our small community, there are still people hesitant to ask for help, but many know that there is help and they show up in my office. [Individuals ask] 'is there some place where I can get whatever kind of help'… and they know…'here's the steps, here's the person, here's what to today' and they know that helps going to be there."* *(Christmas Valley)*
Health & Health Care-*Health Behaviors*	*"I chose to invest myself and my family in all sorts of activities. Like hiking, the Color Run last weekend, the opportunities that come up in everyday life that you invest in and everybody is ready to invest in as well. It just makes it a better lifestyle."* *(Lakeview)* *[Referencing a program connecting youth with seniors] "The young people are learning skills. They are learning patience… empathy, humanity, what's inside of them, and these old people are learning that they matter. That their lives are important. Their health is important. They start taking better care of themselves because a kid is coming today. I've got to wash my face. I've got to put a clean shirt on. They start having self-pride."* *(Christmas Valley)*
Health Care – *Availability of Health Care Services*	*"I'm also working on telemedicine…[a] tele health project, which again is related to mental health…we are working with several companies and partners where we can set up the pain medicine equipment…in a situation where there is a shortage of providers, and…mental health crisis workers, you set up this 'Skype-like' equipment and the patients can be seen by operators of crisis workers elsewhere… it's taken quite some time to establish the foundation of the project to be successful but we are coming way close to executing it."* *(Lakeview)* **"**From a community health standpoint. The community has really come together around mental health. It used to be one individual providing services but now there are four that are full time…mostly full time…"* *(Christmas Valley)*
Health & Health Care-*Vulnerable Populations*	*"Isolation for the seniors that are out farther than transportation will bring them in…is a big issue that we discovered…if [families] …don't have transportation, it makes it difficult for them to come in for employment. It makes it difficult to come in for doctor appointments, for any kind of care. So, isolation is huge in an outlying area."* *(Lakeview)* *"I think in the last six months [there have been] … four teenage attempted suicides which is tragic. And many of our EMS personnel work at the school district and they know many of these kids personally and their families and for many years and these kids are all teenagers 14 years or older. And…the really sad thing about it is the kids… are in desperate situations."* *(Christmas Valley)*

Social and Community Context: Participants were resourceful and knowledgeable **about community programs** that promote health (e.g., theater program for children, diabetes program, physical activity program that aims to serve Native Americans) and the volunteers involved in grant support and working in the schools. Conversely, they also raised the need for community programs and efforts to address community health issues such as underage drinking. **Norming**

of healthy behaviors was discussed at length. Participants were mindful of the role-modeling component of individual's healthy behavior such as exercise; they mentioned that others' behaviors serve as motivators and as points of accountability. Notably both in the context of positive health promoting events in the community such as the willingness of community members to turn to each other for support as well as in the context of discussion about the weight of the impact of social disadvantages on the aspirations of multiple generations of families

Health and Healthcare Services: Local opportunities for physical activity were mentioned several times; thus participants were mindful of the importance of **health behaviors** as contributors to community health. Concerns with alcohol and substance use as well as their impacts on the mental health of the population, specifically to the younger generation, were also raised in particular during the discussion of social determinants of health. Participants were very mindful of different **sub-populations that are most vulnerable to health** issues including individuals and families who are unemployed and struggling financially, older adults, and those needing consistent mental health services (i.e. implementation of telemedicine). Additionally, participants discussed the challenge of the overall **availability of health services**. On one hand they noted instances of low availability and discussed their desire to have mobile health service units. On the other they recognized the increased availability of behavioral health services and integrated health care in their community

Part 2: ADDITIONAL SUMMARY FINDINGS
There were topics did not receive the highest levels of coverage but remain important for community health planning. These include Health and Healthcare Disparities and Social Determinants of Health.

Health and Healthcare Disparities. The focus group protocol explicitly asked the participants to share their views on health disparities: why/ how some groups have <u>worse</u> health than others as well as why some have <u>better</u> health than others. Notably the questions were constructed in those terms so that members were not driven by the questions to focus on a specific group (e.g., by ethnicity or gender). By large respondents in this focus groups poignantly linked disparities as driven by higher levels of Social Determinants of Health (SDOH). That is, issues with economic stability due to poverty and perceived stigma/discrimination with immigrant populations are examples that were discussed as the primary reasons why there are differences in health (disparities) among community sub-groups. See examples in Table 2 below.

Table 2. Health and Healthcare Disparity

Health Topic	Direct Quote Examples
Economic Stability – ***Poverty***	*"Seniors and low income…And not really the lowest of low income but that nasty middle section where... you… have to pay [healthcare coverage] …more than the low income who get it for free…and where that falls into people making the choice between paying their bills or going to the doctor." (Lakeview)* *"Food, clothing, shelter. I see people almost daily that don't have enough to eat, the adults and children. I see older folks that don't have blankets, sleeping bags, socks in these blistery cold winters… they can't sleep they are so cold in the winter time. If you can't sleep your body can regenerate and you can't deal with the chronic illnesses, you have as an older person. Children if they're not nourished properly, it they're not getting their hygiene, and they're not getting their sleep, they can't grow both physically and mentally in school. I mean their stunted. Just having access to every day needs. We have families living with access to electricity, running water, or access to that stuff. These children aren't getting clean. They're not being taught about personal hygiene. They're not, I don't know if it's laziness or if their parents aren't educated or what but these children aren't getting that. The old folks you know you brought our here are just pretty much just dumped. Families have no time for them. They can't afford their electricity. They get it cut off. They get their water cut off…[their]… basic needs are not being met…it's poverty." (Christmas Valley)*

Social and Community Context – *Stigma and Discrimination/Vulnerable Population*	*"The stigma and … lack of awareness… is now much better…you go to the Wellness Center they're going to help you, instead of what it used to be, they were a hot mess…. I think that's changed, but I think there is still a mental health disparity." (Lakeview)* *"…we have quite a few immigrants in our program…and their [undocumented immigrants] challenge is the unemployment. Being able to…establish care, or establish an outreach without being afraid that someone is going to turn them in. So when their children enroll, they are naturalized [citizens] so the parent is always worried we will turn them in…once they know our program, once they know who we are, they…get comfortable and we are able to give them resources…[that's] a big population here." (Lakeview)*

Respondents poignantly linked disparities as driven to:
- The issues of poverty that impact the stability of the economy stretch far and the participants articulated the multiple areas where poverty affects the health and well-being of the individual and family.
- Social and Community contexts that likely discourage individuals to seek health care and in particular mental health care including both: (a) stigma associated with the usage of mental health services, and (b) anti-immigrant climate and policies that produce fear for deportation in this sub-population.

Social Determinants of Health: Even though individuals discussed social aspects of health early on the discussion, the focus group protocol also listed questions regarding Social Determinants of Health (SDoH). However, due to technical difficulty with the focus group recording, the Social Determinants of Health section for Christmas Valley was unable to be recorded and transcribed, therefore aggregated data for the entire county cannot be reported. A detailed description of the Social Determinants of Health from the Lakeview Focus Group can be found in Appendix C.

APPENDIX A: Focus Group Protocol

Eastern Oregon Coordinated Care Organization:
Community Health Assessment Focus Group
(Version 4/4/2018)

OPENING REMARKS AND INTRUCTIONS/GUIDELINES

[Read] Thank you for taking the time to speak with us today! My name is _____ and I work for the Greater Oregon Behavioral Health, Inc. (GOBHI) as part of the Eastern Oregon Coordinated Care Organization (EOCCO) [we are the organizing body that oversee Medicaid or OHP services in the eastern Oregon region] and we are here to talk with you today about the health in your community. The purpose of this focus group is to learn more about your experiences and perspectives about the overall health and well-being in your community, specifically around the healthcare in your area, what is working well, where there are barriers to services/resources for members on the Oregon Health Plan (OHP) and what we can do to work together to make sure everyone in the EOCCO region stays healthy and happy. The information you are sharing with us today will help the EOCCO with a Community Health Plan, a guidance document that will help us develop strategies, strengthen community partnerships and potentially enhance services/resources to improve the overall health and well-being of eastern Oregon.

[GROUND RULES] This focus group will last about one-and-a half hours (90 minutes) and there is a lot of material to cover, so let's set some ground rules for today:
1. We will be covering various topics related to health in your community and we would like to hear from everyone, so please let's respect one another's opinions
2. If I interrupt, I am not trying to be rude, but making sure everyone can participate and that we stay on time
3. Only one person may speak at a time and try not to talk over one another
4. Please silence your phones for the next 90 minutes
5. The questions I will ask provide a semi-structured guide for discussion. I may need to ask follow-up questions for clarification and to make certain we understand your answer

[CONFIDENTIALITY] We really appreciate you participating in our focus group today and value your time, comments and privacy. For the purposes of confidentiality, your names will remain anonymous to audiences who will hear / learn about the results. This means that we will not connect your comments to your name, when we summarize results. This conversation will be recorded and transcribed for accuracy. Do you have any questions about confidentiality that I can answer at this time?

We are going to record this focus group session, but before I do, do you have any other questions?
[pause and wait for verbal and non-verbal responses before moving forward]

First we are going to briefly go around the room and have you introduce yourself and what part of the community you represent.
------------------------------START OF FOCUS GROUP ---
[PART I: COMMUNITY HEALTH] First we are going to talk about your community. A community can be defined in many different ways, for some people a community means having a group of people living in the same location or having particular characteristics in common; for others it means having a sense of fellowship with others, having common attitudes, interests and goals.

1. Give me an example of a time where you felt proud to be part of your community?
   a. ***Prompt if necessary***: *In thinking about how you define a "community" tell me what makes you the proudest of your community?*
2. What do you believe are the 2-3 most important characteristics of a healthy community?
   a. ***Prompt if necessary***: *What community characteristics help people stay healthy? Be healthy?*
3. Share with me a time when your community came together to improve a specific health issue.
   a. ***Prompt if necessary:*** *Give me some examples of people or groups working together to improve the health and quality of life in your community.*
4. Tell me about some concerns you have about the health/well-being in your community
   a. ***Prompt if necessary***: *What do you believe are the **most important issues** that need to be addressed to improve the health and quality of life in your community?*
5. Give me an example of a specific challenges in your community that gets on the way of people having healthy lives.
   a. **Prompt if necessary**: What do you believe **is keeping your community** from doing what needs to be done to improve the health and quality of life?
6. Give me an example of a program or policy change that would help make the community healthier (policy example: laws about tobacco and alcohol use).
   a. **Prompt if necessary**: What actions, policies or funding priorities would you support to build a healthier community?
7. Give me an example of a health-related program or model that you are passionate about or that you currently participating in.
   a. **Prompt if necessary**: What would excite you to become involved (or more involved) in improving your community?

PART II: DISPARITIES] Now we are going to talk a little bit about health disparities, which is often defined as the difference in illness, injury, disability or mortality experienced by one population group relative to another. Healthcare disparities typically refer to differences between groups in health insurance coverage, access to and quality of care.
8. In thinking about neighborhoods and groups in your community, do some people in your community have more health issues than others? If yes, why?
   a. ***Prompt if necessary***: *What are some of the reasons why some people have more health problems and poorer health than other areas in your community?*
9. Now think of the reverse, in neighborhood and groups of people in your community, why do some people in your community have **less** health issues than others [better health]?
   a. ***Prompt if necessary***: *What are some reasons why some people have fewer health problems and better health than other areas in your community?*

[PART IV: SOCIAL DETERMINANTS OF HEALTH] Finally, we are going to talk Social Determinants of Health and how they impact the overall health of an individual or community. We define social determinants of health as the settings/places where people live, learn, work and play that can shape the overall health of an individual or community. Some examples of social determinants include education (or lack of education), food insecurity, housing, employment, social stressors (hostility, sexism, racism), working conditions and transportation (or lack of transportation).

10. What are examples of social determinants of health, that may impact the overall health in your community
    a. ***Prompt if necessary: Tell*** *me how the settings/places where people live, learn, work and play impact the health in your community.*
    b. ***Prompt if necessary***: *Tell me how social stressors, such as hostility, racism and sexism impact the health in your community.*
    c. ***Prompt if necessary***: *Tell me how employment, education and skills training opportunities impact the health in your community*.
    d. ***Prompt if necessary***: *Tell me how social resources (transportation, housing, food) or a lack of social resources impact the health in your community.*

[CLOSING REMARKS, FINAL COMMENTS] We are close to wrapping up our focus group but before we do I want to ask a few final questions…

11. Is there anything else that we haven't already discussed that you would like to add?
12. Do you have any questions for me?

[Provide at least three strengths of the conversation]
Thank you again for your time today, specifically in sharing the challenges in your community. We have come away with several strengths in your community such as:

1. _____
2. _____
3. _____

Our next steps are to summarize the information and share this back with you. Again the purpose of this focus group is to help develop a Community Health Assessment in which we can work with your community to identify areas of improvement. We really appreciate your time in speaking with us today and as a token or our appreciation we have gift cards for each of you.

APPENDIX B: Focus Group Analyses Procedure
Recordings of focus group discussions were transcribed; the typical transcript was 20 single-line spaced pages and 850 or more lines of text. A team of Analysts largely drew from the Healthy People 2020 SDOH framework that includes Health and Car, four major social domains, and Health Disparities to develop a scheme to classify and summarize the information offered. The scheme's 56 unique codes organized into four major domains was used to examine and summarize the focus group transcript

APPENDIX C: Lakeview Additional Topic Examples

Health Topic	Direct Quote Examples
Social & Community Context –*Community Norming*	*"…positive social norming…so in other words...celebrating… [the things that] …get the whole community to recognize how wonderful it is, and then from that, being able to support the good things about us…the things that we're struggling with that hurt families, we have the will to get rid of them. And to make laws and to make policies and to make a social norm that takes those things [away]…not in our back yard."*
Health & Health Care-*Health Behaviors*	*"…what I hear from contractors. They can't get a steady workforce that will come to work sober."*
Health & Health Care-*Vulnerable Populations*	*"We have families that are lower on the socio-economic, or disenfranchised, or feeling un-empowered, when we can have programs that make them feel included and break the cycle…and include them in our community, that is really a big important thing in the health of both the community and members."*
Neighborhood and Built Environment – *Environmental Conditions*	*[In discussion about water quality] "…Let's deal with water…[the] first time I thought somebody has been in this hotel before me in this room…what would it take to clean up the [water] system? It's the replacement of the pipes…and they do have a plan for that. They will be billing extra, the town, the county. We'll have another price hike…It's…already been planned. They've already gone through one phase…what they need to dig up, what they need to be doing, what they need to replace…so that's in the works."* *"I think the bike-ability and walk-ability is pretty good, coming from bigger places. But I think it would be awesome to have bike paths, I just I'm like time in the woods is there. Because that would be really great."*
Economic Stability – *Quality of Housing,*	*(Quality of Housing): "There's a lot of junk on the market…a lot of overpriced junk that people must not really need the money or need to sell so there is really no motivation to come down*

Rural Parity and Childcare	to a reasonable price. A lot of the houses I looked at…were not livable. They did not have foundations. There is no way to get a loan on these houses. Prices went up how many years ago when pipeline came through." (Rural Parity): "You know there are great jobs over here that we couldn't get. We had a girl that came here from Seattle that said I couldn't have this job in Seattle without a Masters, I'm really excited about having this because I have an opportunity, but finding a place to live was really challenging. Eventually we will have a higher…education for a rural place anyway, because we have some of those scholarships, but even so, I think that will raise up in time as we're discovered and your trails and everything will make it popular, but we've got to have housing to put them in." (Childcare): "The other thing I always hear with employment is that there is no good baby sitter or place where you have childcare services."
Education - Skills Training/Vocational Education and High School Education	(Skills Training/Vocational Education): "PCC…[has]… a program where they will help you with your resume, they'll help you find work and teach you, help you with typing skills, and all that stuff. They also help employers with doing a working interview. They will help employers pay for that to try to get someone on the job trained while, or see if they are able to do that. They do a lot of things; they are actually quite a help." "The missing piece is…we don't necessarily have the contractors, or the plumbers, or the electricians for them to apprentice with…" (High School Education/Skills Training): "…the high school… [has a] $300,000 dollar grant to build a major space at the high school and will have hi-tech shop…[for] carpentry skills, like laser and jigging and all kinds of skills at the high school. Its aimed at developing those skills for students so that…instead of…the soul focus being on getting them to a 4-year university, its enhancing those trade skills…because we have that program."

Additional findings of interest include the following:
- Community members noted that the limited housing market and lack of childcare are intricately correlated with the stability and economics of the community. Without quality of housing, even if there are job opportunities, and childcare, economic growth is seemingly difficult.
- Additionally, the conversation continues to mention alternative opportunities for employment outside the traditional "4-year college" track. There was mention of grant options for skills training, starting at the high school level, moving up to apprenticeships through community colleges in the county.

APPENDIX D: Christmas Valley Additional Topic Examples

Health Topic	Direct Quote Examples
Social & Community Context – Community Programs	"Some [good] programs in school…the kids eat at school, they eat at breakfast and they eat lunch and they have snacks in the classroom if they don't bring [their own]. The teachers out of the goodness of their heart provide them food. So, while they are at school, we have local churches and other individuals who raise money throughout the year help us send home what we call brain food in back packs to try to tide them over on the weekends. We do that all year long. A lot of people will sign up for it…"
Social & Community Context – Community Norming	"The concept of a handout verses a hand up is very prevalent and…generational. You know if you had to go out and work 10 hours for those food stamps a week, you know, and anybody over the age of five, you go as a family and you work in a community garden. It's some form of helping the community to keep these food stamps, to feed your family, and they got some of the food out of that community garden. That they have to put this time into, is fantastic. Have somebody teach them what to do with that food."

Health & Health Care-*Health Behaviors*	*"Unfortunately…there are a lot of bad choices you can make when there are no resources and no work."*
Health & Health Care-*Availability of Health Services*	*"Availability…like the service[es] here, access is getting in, if it's not available, you have to go to Lakeview, … or other areas."*
Health & Healthcare – *Healthcare Workforce*	*"Having one [healthcare workforce] based here to serve the tri, the three communities, would be the most effective. Having somebody here not traveling in once or twice a week. Because they can only see so many folks when they're spending four hours on the road…and the criteria in order to get that in home care, a lot of our people don't meet that, but they need that help. Even if it's coming in and setting up their medication for them, making sure their refills are called in and picked up, making sure they have something besides ramen noodles and mac and cheese to eat and diet 7up to drink. And making sure their clothes are clean…actually conversing and talking with them. Making them feel [better] here…reducing the social isolation."*
Education	*"…you have to educate these people that they need to rearrange their priorities and make better choices for themselves and their families, so it's definitely and education piece. You can educate them all day long, if they don't have the will to change, it's not going to. So there is no easy answer to that."*

Respondents linked disparities as driven by all of the social and community context, health care, and economic stability topics defined above and shown in Table 1 (found in the beginning of the document). Two other topics stood out in this sections that are not covered above:

- **Health Work-force**: Participants also noted the need for more available health care workforce to meet the demands of, for example, the growing population of older adults.
- **Education**: Participants noted the need to education individuals with poorer health and their families.

Quantitative Reports

Data Set

Data Dictionary

Kindergarten Readiness

Child Care Early Education

Housing

DEMOGRAPHICS	Lake	Lake	Lake	OREGON
Population (PSU, Center for Population Research and Census) (2018 in December of 2018)	**2013**	**2015**	**2017**	**2017**
Total Population	7,920	7,990	8,120	4,141,100
Age 0-17 2013, 2015, 2017	1,473	1,423	1,340	869,330
Age 0-17 % of Total Population	19%	18%	16.5%	21.0%
Age 16-64 2013, 2015, 2017	4,727	4,702	4,745	2,557,575
Age 16-64 % of Total Population	60%	59%	58.4%	61.8%
Age 65 and Over	1,720	1,865	2,035	714,196
Age 65 and Over % of Total Population	22%	23%	25.1%	17.2%
Race				
% White	92.1%	87.6%	85.6%	77.0%
% American Indian/Native Alaskan	2.0%	1.94%	1.2%	0.9%
% African American/Black	0.6%	0.57%	0.6%	1.8%
% Asian	0.5%	1.03%	0.9%	4.0%
% Pacific Islander	0.2%	0%	0.0%	0.4%
% Other	1.4%	3.0%	0.1%	0.1%
% 2 or More	3.3%	3.8%	4.0%	4%
Ethinicity				
Hispanic	6.4%	8.3%	7.6	12.4%
Gender				
% Females	52.5%	52.5%	49.5%	52.0%
% Males	47.5%	47.5%	50.5%	48.0%
% Other				
Sexual Orientation				
% LGBTQ Population 2017 - The William's Institute Gallop Poll	NA	NA	4.8%	4.8%
(38% of LGBTQ Oregonians have an annual income of < $24,000)				
SOCIO-ECONOMICS				
Family Size - ACS	2.6	2.67	2.8	3.1
% Single Parents - ACS	**29.8%**	**29.8%**	5.1%	8.3%
Unemployment - OR Dept of Employment	**12.8%**	**9.8%**	**6.4%**	4.9%
Education				
% of Population without a High School Diploma - ACS	12.8%	11.8%	16.1%	10.0%
5 Year High School Graduation Rates/100 - OR Dept of Education	80.11	85.19	88.2%	77.80%

	Lake 2013	Lake 2015	Lake 2017	OREGON 2017
Poverty				
Total Population 100%, 185% - ACS	**20.6%**	**20.9%**	**17.6%**	15.7%
Child Poverty Rate - ACS	**29.0%**	**26.1%**	**18.6%**	20.4%
Language				
% of Limited English Speaking Households	**0.5%**	**0.4%**	**0.4%**	2.7%
Uninsured - ACS				
2013-Insurance Rates for the EOCCO Counties,				
2015, 2017-Oregon Health Insurance Survey Fact Sheets, OHA, 3 Regions within EOCCO				
% Uninsured	**16.4**	**6.8**	**8.3**	6.2
SOCIAL DETERMINANTS OF HEALTH				
Housing				
Occupied Housing Units - ACS	NA	NA	**77.2%**	90.6%
Renter Occupied Housing Units - ACS	NA	NA	**38.3%**	38.6%
% of Renters Spending more than 35% on Rent - ACS	NA	NA	38.9%	44.0%
ALICE - Asset Limited, Income Constrained, Employed- United Way of the Pacific NW	46%	55%	NA	NA
Lacking Complete Kitchen Facilities - ACS	NA	NA	**2.9%**	1.3%
No Telephone Available in Household - ACS	**4.4%**	**3.8%**	**3.2%**	2.7%
Point in Time - Houseless Population - OR Dept of Housing and Community Services				
Sheltered	NA	0	0	NAP
Unsheltered	NA	6	12	NAP
Transportation				
No Personal Transportation Available in Household - ACS	4.0%	5.4%	7.3%	7.9%
Non-Emergency Medical Transports - GOBHI				
Total one way trips by county (2015, 2016, 2017)	1,188	812	1,990	63,238
Rate per 100 EOCCO Plan Members (2015, 2016, 2017)	68.71	49.00	119.52	135.92
Food				
Students Eligible for Free/Reduced Lunch - OR Dept of Ed	**50.4%**	44.9%	43.6%	47.6%
Estimated # of Food Insecure Children (OSU, Communites Reporter, 2013, 2014, 2015)	440	390	360	194,070
Estimated # of Food Insecure Individuals (OSU, Communites Reporter, 2013, 2014, 2015)	1,400	1,360	1,310	572,790
Estimated % of Food Insecure Children (OSU, Communites Reporter, 2013, 2014, 2015)	**29.8%**	**26.8%**	**24.9%**	22.5%
Estimated % of Food Insecure Individuals (OSU, Communites Reporter, 2013, 2014, 2015)	**17.9%**	**17.3%**	**16.8%**	14.2%

	Lake	Lake	Lake	OREGON
Food Hunger and Insecurity - (Medicaid BRFSS 2014)	**2013**	**2015**	**2017**	**2017**
Hunger	NA	NA	NA	22.3%
Food Insecurity	NA	NA	NA	48.6%
Average Monthly Num. of Children in SNAP-Oregon Dept of Human Services	551	500	479	NA
VULNERABLE POPULATIONS				
Maternal Health				
Infant Mortality Rate	NA	2.8	**14.3**	4.6
Low Birthweight	**114.3**	62.8	**161.4**	68.3
Births to Mothers Receiving Inadequate Prenatal Care	**7.4%**	4.4%	**8.1%**	6.1%
Births to Mothers under the age of 18	1.4%	**80.0**	**1.6%**	0.9%
Maternal Depression - PRAMS Data by State				
% During Pregnancy	**22.1**	**23.7**	**28.9**	20.1
% Postpartum-EOCCO rate	20.9	21.3	**47.6**	21.3
Children				
Victim Rate Child Abuse per 1,000 - OR DHS	**25.4**	**41.2**	**37.2**	12.8
Children in Foster Care per 1,000 - OR DHS	**22**	**22**	**19.3**	9.2
Homeless Youth Age < 18				
With Parents	NA	0	0	NA
Unaccompanied	NA	0	0	NA
% of Minimum Wage For Child Care - OSU Extension, 2017	NA	NA	23.0	NA
$ Median Annual Price of Child Care - OSU Extension, 2017	NA	NA	$4,800	NA
% Children Age 3 to 4 Not Enrolled in School - 2013, 2014, 2015	**89%**	**90%**	**76%**	58%
Kindergarten Readiness - See Separate Report Behind				
3rd Grade Reading Levels - OR Dept of Ed: School Year Ending in 2013, 2015, 2016	68.8%	48.6%	48.2%	47.4%
Current Immunization Rates age 3 - 2017 Oregon Public Heatlh Division	**53.8%**	**62.0%**	**64.0%**	68.0%
% EOCCO Children Development Screen	NA	NA	NA	NA
Disabled				
% of Population with Recognized Disability Status - ACS	**26.7%**	**26.7%**	19.8%	23.9%

Teen Health	Lake 2013	Lake 2015	Lake 2017	OREGON 2017
8th Grade Data Elements				
% Reporting Good, Very Good, or Excellent Physical Health	91.1	95.4	88.5	86.3
% Reporting Good, Very Good, or Excellent Mental Health	85.1	82.6	**65.1**	75.0
Preventative Care Visit, % last 12 months	**47.9**	**48.1**	**54.2**	61.8
Emergency Care Visit, % last 12 months	**36.2**	**35.9**	**43.5**	34.8
Oral Health Visit, % last 12 months	**70.7**	**65.8**	76.9	74.0
Suicidal Ideation, % last 12 months	12.0	**18.7**	**21.2**	16.9
% Have had Sexual Intercourse	**10.3**	**9.2**	**15.5**	8.4
Substance Use, % Abstaining - Tobacco	**94.2**	91.3	82.3	91.6
Substance Use, % Abstaining - Alcohol	**86.2**	**80.6**	61.4	73.2
Substance Use, % Abstaining - Marijuana	**92.5**	**95.1**	**89.1**	86.3
11th Grade Data Elements				
% Reporting Good, Very Good, or Excellent Physical Health	89.5	88.2	87.5	83.2
% Reporting Good, Very Good, or Excellent Mental Health	82.3	84.1	73.6	66.3
Preventative Care Visit, % last 12 months	**56.8**	**47.1**	**57.0**	62.2
Emergency Care Visit, % last 12 months	26.9	24.9	26.0	35.7
Oral Health Visit, % last 12 months	**72.7**	74.3	**72.6**	73.8
Suicidal Ideation, % last 12 months	17.9	**19.8**	**18.9**	18.2
% Have had Sexual Intercourse	**53.0**	**59.7**	**49.0**	40.9
Substance Use, % Abstaining - Tobacco	**85.9**	80.0	77.3	81.1
Substance Use, % Abstaining - Alcohol	**62.2**	**50.7**	40.4	44.7
Substance Use, % Abstaining - Marijuana	**81.3**	**80.1**	68.2	60.5

	Lake 2013	Lake 2015	Lake 2017	OREGON 2017
HEALTH STATUS				
Deaths - OHA Cntr for Health Statistics per 100,000				
Accidents (Death rate per 100K 2009-2013, 2012-2016)	NA	40.5	**67.9**	44.5
Alcohol Induced (Death rate per 100K 2009-2013, 2012-2016)	NA	**32.9**	**37.7**	18.5
Alzheimer's (Death rate per 100K 2009-2013, 2012-2016)	NA	**63.3**	**45.3**	35.8
Cancer (Death rate per 100K 2009-2013, 2012-2016)	NA	**212.7**	**246.5**	189.7
Cancer - Lung (Death rate per 100K 2009-2013, 2012-2016)	NA	**55.7**	**62.9**	47.5
CeVD - Cerebral Vascular Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	**65.8**	**57.9**	43.8
CLRD - Chronic Lower Respiratory Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	**98.8**	**123.3**	48.3
Diabetes (Death rate per 100K 2009-2013, 2012-2016)	NA	**45.6**	**52.8**	27.3
Flu & Pneumonia (Death rate per 100K 2009-2013, 2012-2016)	NA	**27.9**	**17.6**	10.7
Heart Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	**174.7**	**188.7**	157.9
Hypertension (Death rate per 100K 2009-2013, 2012-2016)	NA	7.6	10.1	12.7
Suicide (Death rate per 100K 2009-2013, 2012-2016)	NA	**43.1**	**30.2**	17.9
HEALTH BEHAVIORS				
Overall Health (2010-2013 BRFSS)	91.4%	89.3%	84.6%	82.9%
Overall Mental Health (2010-2013 BFRSS)	79.0%	80.7%	62.6%	60.9%
Adult Fruit & Vegetable Consumption (2010-2013 BRFSS)	NA	35.0%	28.3%	20.3%
Tobacco Use Total (2010-2013 BRFSS)	19.9%	**26.6%**	17.4%	20.9%
Tobacco Use, Cigarette Smoking (2010-2013 BRFSS)	**19.9%**	13.4%	13.4%	19.0%
Tobacco Use, Smokeless (2010-2013 BRFSS)	S	**13.2%**	**13.2%**	7.7%
Alcohol Use, Heavy Drinking Males (2010-2013 BRFSS)	S	S	S	7.80%
Alcohol Use, Heavy Drinking Females (2010-2013 BRFSS)	S	S	S	7.90%
Alcohol Use, Binge Drinking Males (2010-2013 BRFSS)	13.6%	S	S	21.5%
Alcohol Use, Binge Drinking Females (2010-2013 BRFSS)	S	S	S	12.4%
Adults Who Averaged Less Than 7 Hours of Sleep in a 24-Hour Period (2010-2013 BRFSS)	**45.4%**	NA	**42.4%**	31.1%
Physical Activity Levels Met CDC Recommendation (2010-2013 BRFSS)	60.0%	33.1%	33.1%	25.1%

MORBIDITY	Lake 2013	Lake 2015	Lake 2017	OREGON 2017
Adult Obesity (2004-2007, 2006-2009, 2010-2013 BRFSS)	19%	**34.1%**	**34.1%**	26.9%
Arthritis (2004-2007, 2006-2009, 2010-2013 BRFSS)	176.8	170	**4.9%**	4.0%
Asthma (2004-2007, 2006-2009, 2010-2013 BRFSS)	80.8	68.5	S	2.9%
Cancer (2004-2007, 2006-2009, 2010-2013 BRFSS)	6.4^	NA		7.9%
Cardiovascular Disease (2004-2007, 2006-2009, 2010-2013 BRFSS)	3.5^	NA	5.7%	7.9%
COPD (2004-2007, 2006-2009, 2010-2013 BRFSS)	4.8^	NA	NA	NA
Depression (2004-2007, 2006-2009, 2010-2013 BRFSS)	24.2^	NA	NA	NA
Diabetes (2004-2007, 2006-2009, 2010-2013 BRFSS)	7.1^	NA	NA	NA
Heart Attack (2004-2007, 2006-2009, 2010-2013 BRFSS)	2.9^	NA	**4.9%**	4.0%
One or More Chronic Illnesses (2004-2007, 2006-2009, 2010-2013 BRFSS)	54.8	NA	NA	NA
Stroke (2004-2007, 2006-2009, 2010-2013 BRFSS)	S	NA	**60.9%**	54.3%

CODES:

NA = Not Available

NAP = Not Applicable

S = Suppressed Data

* = Statewide lists as "Asian / Pacific Islander" and county specific data lists two group = "Asian" and "Pacific Islander."

/ = Gilliam, Sherman, and Wasco Counties Combined

** = This number is suppressed because it is statistically unreliable.

^ = This number may be statistically unreliable and should be interpreted with caution.

. = Percentages exclude missing answers.

Bold = County rate is higher than statewide rate (or lower if a higher rate is more positive)

= Rate is significantly different from the state rate.

& = Detailed reporting of small numbers may breach confidentially.

! = Insufficient data.

Indicator	Category	Source	Definition
Total Population Count (PSU 2017 Estimates)	Demographics	PSU: College of Urban and Rural Affairs, Population Estimates and Reports	Estimated total population count
Age: 0-17 Count (PSU 2017 Estimates)	Demographics	PSU: College of Urban and Rural Affairs, Population Estimates and Reports	Estimated population aged 0-17 years old
Age: 0-17 % of Total Population (PSU 2017 Estimates)	Demographics	PSU: College of Urban and Rural Affairs, Population Estimates and Reports	Estimated population aged 0-17 years old as a percentage of the total population
Age: 18-64 Count (PSU 2017 Estimates)	Demographics	PSU: College of Urban and Rural Affairs, Population Estimates and Reports	Estimated population aged 18-64 years old
Age: 18-64 % of Total Population (PSU 2017 Estimates)	Demographics	PSU: College of Urban and Rural Affairs, Population Estimates and Reports	Estimated population aged 18-64 years old as a percentage of the total population
Age: 65 and over Count (PSU 2017 Estimates)	Demographics	PSU: College of Urban and Rural Affairs, Population Estimates and Reports	Estimated population aged 65 years or older
Age: 65 and over as % of Total Population (PSU 2017 Estimates)	Demographics	PSU: College of Urban and Rural Affairs, Population Estimates and Reports	Estimated population aged 65 years or older as a percentage of the total population
Race: American Indian or Alaska Native, non-Latino % (2012-16 ACS)	Demographics	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of the total population who self-identify as mono-racially (only) American Indian or Alaska Native (AIAN), non-Latino
Race: Asian, non-Latino % (2012-16 ACS)	Demographics	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of the total population who self-identify as mono-racially (only) Asian, non-Latino
Race: Black, non-Latino % (2012-16 ACS)	Demographics	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of the total population who self-identify as mono-racially (only) Black, non-Latino
Race: Multiracial, non-Latino % (2012-16 ACS)	Demographics	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of the population who self-identify as bi- or multiracial, non-Latino.
Race: Native Hawaiian or Pacific Islander, non-Latino % (2012-16 ACS)	Demographics	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of the total population who self-identify as mono-racially (only) Native Hawaiian or other Pacific Islander (NHPI), non-Latino
Race: Some Other Race, non-Latino % (2012-16 ACS)	Demographics	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of the total population who self-identify as mono-racially (only) some other race not designated in the standard racial categories, and is not Hispanic or Latino
Race: White, non-Latino % (2012-16 ACS)	Demographics	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of the total population who self-identify as mono-racially (only) White, non-Latino
Ethnicity: Hispanic or Latino % (2012-16 ACS)	Demographics	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of the total population who self-identify as ethnically Hispanic or Latino.
Sex: Male % (2012-16 ACS)	Demographics	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of the total population who self-identify as Female
Sex: Female % (2012-16 ACS)	Demographics	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of the total population who self-identify as Male
LGBTQ Population 2017 (The William's Institute Gallop Poll)	Demographics	The William's Institute, LGBT Data and Demographics Dashboard	Percentage of respondents answering "Yes" to the question, "Do you, personally, identify as lesbian, gay, bisexual, or transgender?"
Average Family Size (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	The number of members of families divided by the total number of families, where a family is a group of two or more people who reside together and who are related by birth, marriage, or adoption.

% of Single Parent Households (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of households consisting of a single parent living with at lease one of their own children under 18 yrs.
Child Poverty Rate (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Percent of children under 18 whose families' income falls below the poverty threshold for their family size.
Total Poverty Rate (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	The percentage of individuals whose family income falls below the poverty threshold for their family size.
Point in Time Count of Homelessness 2017 (Oregon Housing and Community Services)	Social Determinants	Oregon Housing and Community Services, 2017 Point-in-Time Estimates of Homelessness in Oregon Report	Number of sheltered and unsheltered homeless individuals. Single night census captured in January of 2017.
Students Eligible for Free or Reduced Lunch 2017-18 (Oregon Department of Education)	Social Determinants	Oregon Department of Education, Students Eligible for Free and Reduced Lunch Report 2017-18	Students eligible for free or reduced lunch programs as a percentage of total student enrollment
Percentage with Less than High School Education (2012-2016 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of the population aged 25+ with up to 12th grade, but no high school diploma or alternative educational attainment
5-Year High School Graduation Rate 2016 (Oregon Department of Education)	Social Determinants	Oregon Department of Education, High School Completer Reports	Percent of students in cohort who graduate with a regular or modified high school diploma, or who have met all diploma requirements but remained enrolled, within five years of their start year. Prior to 2014, cohort graduation rates only include those who graduated with a regular diploma
Estimated Percentage of Food Insecure Children 2015 (Feeding America)	Social Determinants	Gundersen, C., A. Dewey, A. Crumbaugh, M. Kato & E. Engelhard. Map the Meal Gap 2016: Food Insecurity and Child Food Insecurity Estimates at the County Level. Feeding America, 2016	Estimated percent of children with limited or uncertain availability of nutritionally adequate and safe foods or with limited or uncertain ability to acquire acceptable foods in a socially acceptable way
Population in Limited English Speaking Households: 18 years & older (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Percent of the total population 18 and older who live in limited English speaking households. A limited English speaking household contains no members 14 and over who a) only speak English or b) who can speak English "very well".
Population in Limited English Speaking Households: 5 years & older (2012-2016 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Percent of the total population over age 5 who live in limited English speaking households. A limited English speaking household contains no members 14 and over who a) only speak English or b) who can speak English "very well."
Population in Limited English Speaking Households: Ages 5-17 (2012-2016)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Percent of the total population ages 5 to 17 who live in limited English speaking households. A limited English speaking household contains no members 14 and over who a) only speak English or b) who can speak English "very well".
Occupied Housing Units (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of all households occupied by either owner or renters
Renter Occupied Housing Units (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of all households occupied by renters
No Telephone Service Available in Household (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of all households that self-identified having no telephone service available

No Personal Transportation Available in Household (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of all households that self-identified having no personal transportation at the home
Lacking Complete Kitchen Facilities in Home (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of all households that self-identified lacking complete kitchen facilities in the home
% of Renters Spending More than 35% of their Monthly Income on Rent (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of home renters who spend over 35% of their monthly income on rental costs
Adult Obesity (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated age-adjusted percent of people ages 18 and over who are obese. Persons considered obese are those with a body mass index (BMI) of 30 or higher. BMI is a measure of the ratio between weight and height: weight in kilometers/height in meters, squared (kg/m2
Adult Fruit and Vegetable Consumption (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of adults who consume five or more of servings of fruits and vegetables per day. Data are from aggregated sampling across years.
Overall Health Good, Very Good, or Excellent (2010-13 BRFSS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reporting that their health in general was "excellent", "very good", or "good" when asked on a five-point scale ("excellent", "very good", "good", "fair", and "poor").
Good Mental Health (2010-13 BRFSS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reporting having no poor mental health in past 30 days.
Heart Attack (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reporting to have experienced a heart attack.
Stroke (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reporting to have experience a stroke.
One or More Chronic Conditions 2013 (BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reporting to have one or more chronic conditions. One or more chronic diseases includes angina, arthritis, asthma, cancer, COPD, depression, diabetes, heart attack, or stroke.
Tobacco Use, Total (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reporting current tobacco use.
Tobacco Use, Cigarette Smoking (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reported being a current cigarette smoker.
Tobacco Use, Smokeless (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reporting current smokeless tobacco use.
Cardiovascular Disease (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reporting to have cardiovascular disease.
Alcohol Use: Heavy Drinking, Males (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of adult males reporting to have had 2+ drinks of alcohol per day/30+ drinks of alcohol in the past 30 days.

Alcohol Use: Heavy Drinking, Females (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of adult females reporting to have had 2+ drinks of alcohol per day/30+ drinks of alcohol in the past 30 days.
Alcohol Use: Binge Dringing, Males (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of adult males reporting to have had 5+ drinks of alcohol on one occasion in the past 30 days.
Alcohol Use: Binge Drinking, Females (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of adult females reporting to have had 5+ drinks of alcohol on one occasion in the past 30 days.
Adults Who Averaged Less than 7hrs of Sleep in a 24 hr Period (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of adults reporting to average less than seven hours of sleep in a 24-hour period.
% of Population with Recognized Disability Status (2012-16 ACS)	Health Status	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of population with recognized disability status
Death Rate per 100,000 pop 2016: Suicide (OHA: Center for Health Statistics)	Health Status	Oregon Health Authority - Public Health Division / Center for Health Statistics, Oregon Vital Statistics Annual Report	Incidence of death attributed to heart disease per 100,000 population
Death Rate per 100,000 pop 2016: Heart Disease (OHA: Center for Health Statistics)	Health Status	Oregon Health Authority - Public Health Division / Center for Health Statistics, Oregon Vital Statistics Annual Report	Incidence of death attributed to suicide per 100,000 population
Death Rate per 100,000 pop 2016: Stroke (OHA: Center for Health Statistics)	Health Status	Oregon Health Authority - Public Health Division / Center for Health Statistics, Oregon Vital Statistics Annual Report	Incidence of death attributed to stroke per 100,000 population
Death Rate per 100,000 pop 2016: Unintentional Deaths (OHA: Center for Health Statistics)	Health Status	Oregon Health Authority - Public Health Division / Center for Health Statistics, Oregon Vital Statistics Annual Report	Incidence of death attributed to unintentional causes per 100,000 population
Infant Mortality Rate per 1,000 Births 2016 (OHA: Center for Health Statistics)	Early Childhood and Maternal Health	Oregon Health Authority - Public Health Division / Center for Health Statistics, Oregon Vital Statistics Annual Report	Infant and neonatal deaths per 1,000 live births
Low Birthweight Rate per 1,000 Births 2017 (OHA: Center for Health Statistics)	Early Childhood and Maternal Health	Oregon Health Authority - Public Health Division / Center for Health Statistics, Oregon Vital Statistics Annual Report	Percent of live babies who weigh less than 2,500 g (5.5 lbs) at birth
Births to Mothers Receiving Adequate Prenatal Care 2017 (OHA: Center for Health Statistics)	Early Childhood and Maternal Health	Oregon Health Authority - Public Health Division / Center for Health Statistics, Oregon Vital Statistics Annual Report	Percent of babies whose mothers received pre-natal care beginning in their first trimester
Births to Mothers Under the Age of 18 2017 (OHA: Center for Health Statistics)	Early Childhood and Maternal Health	Oregon Health Authority - Public Health Division / Center for Health Statistics, Oregon Vital Statistics Annual Report	Percent of births to mothers under the age of 18 years old
Victim Rate of Child Abuse per 1,000 Children 2017 (DHS)	Early Childhood and Maternal Health	Department of Human Services - Office of Reporting, Research, Analytics and Implementation, 2017 Child Welfare Data Book	Unduplicated child abuse/neglect victims per 1,000 children population

Children in Foster Care per 1,000 Children 2017 (DHS)	Early Childhood and Maternal Health	Department of Human Services - Office of Reporting, Research, Analytics and Implementation, 2017 Child Welfare Data Book	Children in foster care per 1,000 children population(Point-in-time on 9/30/17)
ALICE Data	Social Determinants	Asset Limited, Income Constrained, Employed – United Way of the Pacific Northwest 2016	% of households who are one major payment issue from financial crises
% Without Health Insurance	Social Determinants	Oregon Health Insurance Survey Fact Sheets, OHA 2015, 2017	3 Regions within the EOCCO service area
Maternal Depression	Early Childhood and Maternal Health	Pregnancy Risk Assessment Monitoring System (PRAMS), Oregon Health Authority 2013, 2015, 2017	% of pregnant women experiencing during pregnancy or postpartum
Child Care Costs	Early Childhood and Maternal Health	Oregon State University Extension Service 2017	Cost of Childcare
% of Children age 3 and 4 NOT enrolled in school	Early Childhood and Maternal Health	Oregon Department of Education, 2013 through 2017	Children age 3 or 4 not enrolled in school
% of children meeting the 3rd grade reading level assessment	Early Childhood and Maternal Health	Oregon Department of Education, 2013	Children meeting 3rd grade reading expectations
Kindergarten Readiness	Early Childhood and Maternal Health	Oregon Department of Education	Six Areas assessed including Self-Regulation, Interpersonal Skills, Approaches to Learning, Numbers and Operations, Letter Names, Sounds
% of Children with Current Immunizations by Age 3 (2017 Oregon Public Health Division)	Early Childhood and Maternal Health	Oregon Health Authority - Public Health Division, Oregon Children Immunization Rates Annual Report 2017	Percent of 2 year olds fully immunized with 4 doses of DTaP, 3 doses IPV, 1 dose MMR, 3 doses Hib, 3 doses HepB, 1 dose Varicella, and 4 doses PCV. This is the official childhood vaccination series.

	SELF-REGULATION				
	2013	2014	2015	2016	2017
Lake	3.4	3.8	3.4	3.4	3.2

	INTERPERSONAL SKILLS				
	2013	2014	2015	2016	2017
Lake	3.6	4.2	3.9	3.8	3.6

	APPROACHES TO LEARNING				
	2013	2014	2015	2016	2017
Lake	3.5	3.9	3.6	3.6	3.3

	NUMBERS & OPERATIONS				
	2013	2014	2015	2016	2017
Lake	8.7	9.0	8.4	8.9	11.3

	LETTER NAMES				
	2013	2014	2015	2016*	2017
Lake	21.6	19.4	15.8	12.3	13.4

	SOUNDS				
	2013	2014	2015	2016	2017
Lake	8.5	9.9	7.6	11.8	11.3

Lake: KINDERGARTEN ASSESSMENT: SELF-REGULATION...

Lake: KINDERGARTEN ASSESSMENT: INTERPERSONAL SKILLS...

Lake: KINDERGARTEN ASSESSMENT: APPROACHES TO LEARNING...

Lake: KINDERGARTEN ASSESSMENT: NUMBERS & OPERATIONS

Lake: KINDERGARTEN ASSESSMENT: LETTER NAMES

Lake: KINDERGARTEN ASSESSMENT: SOUNDS
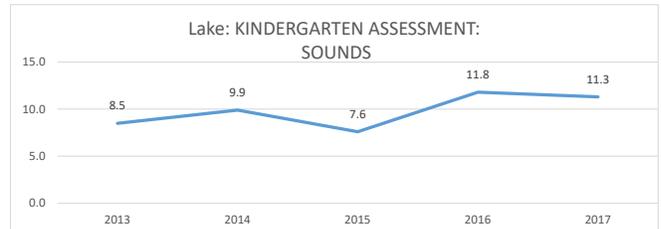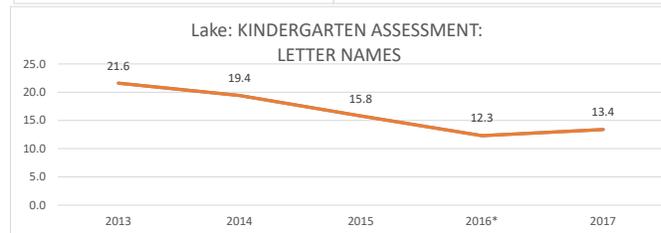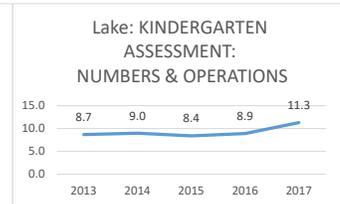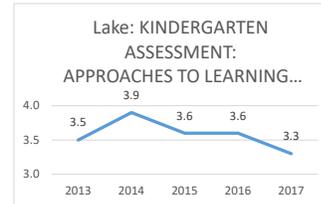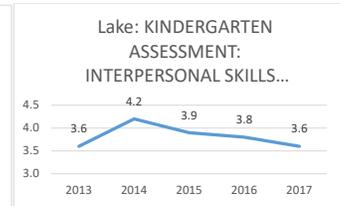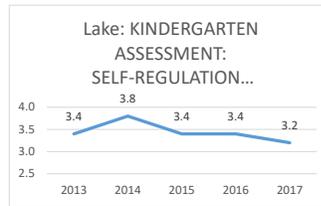
EARLY CARE & EDUCATION PROFILES

LAKE COUNTY, OREGON 2018

Dr. Megan Pratt
Oregon Child Care
Research Partnership
August 2018

A closer look at policy-relevant information related to Oregon's children, families, and the early care and education system.

Oregon State University

Lake County, Oregon

CHILDREN

946
Children under age 13 living in the county [1]

- 221 children 0-2 years old [1]
- 147 of children 3-4 years old [1]
- 578 of children 5-12 years old [1]

1 in 5
children are Hispanic or Non-white [2]

Nearly **2/3** of children under age six have both parents employed or a single parent employed [3]

CHILD CARE & EDUCATION

29
Slots in centers and family child care homes for children [4]

- 20 slots in Child Care Centers [4]
- 9 slots in Family Child Care Homes [4]

34%
of 3-4 year olds are enrolled in preschool [5]

3%
of children under age 13 have access to visible child care [4]

AFFORDABILITY

$4,800
Median annual price of toddler care in a child care center [7]

$7,680
Median annual price of public university tuition in Oregon [6]

The price of child care is over half the tuition at Oregon's public universities

23%
of a minimum wage worker's annual earnings would be needed to pay the price of child care for a toddler [7]

Annual median teacher wages range (median low - median high) [8]

[INSUFFICIENT DATA]

*This research effort is supported in part by the
Early Learning Division, Oregon Department of Education.*

References

[1] 2017 population estimates from the Center for Population Research at Portland State University.
[2] U.S. Census Bureau, American Community Survey (ACS), Tables B01001,B01001H&I, 2012-2016 five-year estimate.
[3] U.S. Census Bureau, American Community Survey (ACS), B23008, 2012-2016 five-year estimate.
[4] Estimated Supply of Child Care in Oregon as of January 2018. Analysis by Oregon Child Care Research Partnership (OCCRP), Oregon State University (OSU).
[5] U.S. Census Bureau, American Community Survey 7 (ACS), B14003, 2012-2016 five-year average.
[6] Average annual tuition for an OUS undergraduate student during 2017-2018 academic year from Oregon universities' websites.
[7] Grobe, D. & Weber, R.. 2018 Oregon Child Care Market Price Study. Oregon Child Care Research Partnership (OCCRP), Oregon State University (OSU).
[8] Structural Indicators: 2018 Oregon Child Care Research Partnership (OCCRP), Oregon State University (OSU).

To Cite

Early Care and Education Profiles: 2018 Oregon Child Care Research Partnership, Oregon State University.

LAKE COUNTY

DEMOGRAPHIC & HOUSING PROFILES

Lake County

Population	Lake	Oregon	United States
Total (2015 est.)	7,829	4,028,977	312,418,820
# Change since 2010	-66	197,903	12,673,282
% Change since 2010	-0.8%	5.2%	4.1%

Vacancy Rates, 2011-2015

4.3% Owner Rate

7.1% Renter Rate

Median Rents, 2012-2016

Legend: — Lake — Oregon
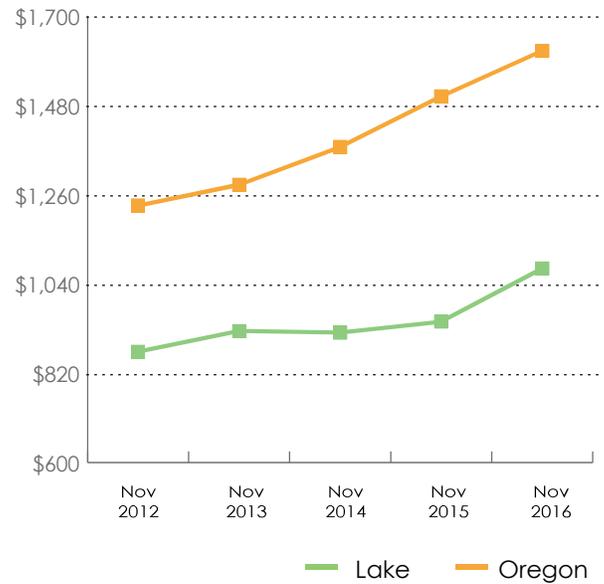
Homeownership Rates by Race/Ethnicity, 2011-2015

65.2%	Asian Alone
61.4%	White Alone
55.7%	Two or More Races
30.8%	Native American Alone
29.9%	Hispanic Alone
24.6%	Some Other Race Alone
0.0%	African American Alone
N/A	Pacific Islander Alone

(scale: 0 20 40 60 80 100)
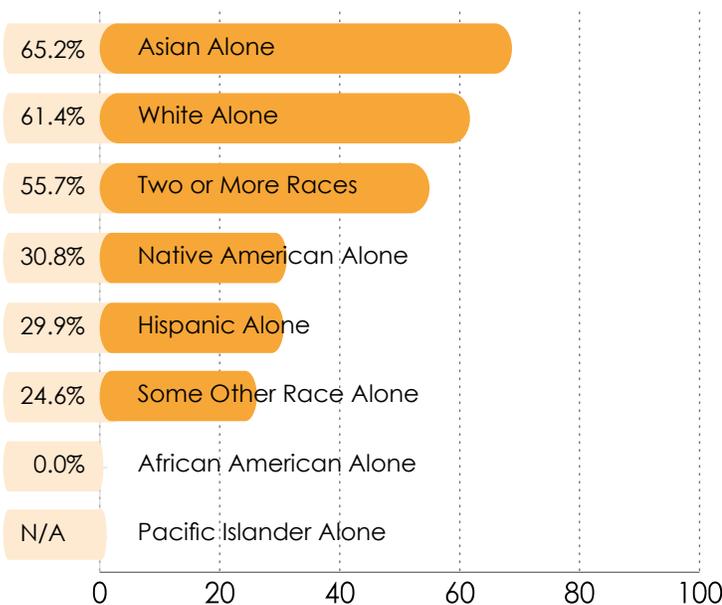
Building Permits Issued in County

Legend: ■ 1-Unit ■ 2-4 Units ■ 5+ Units
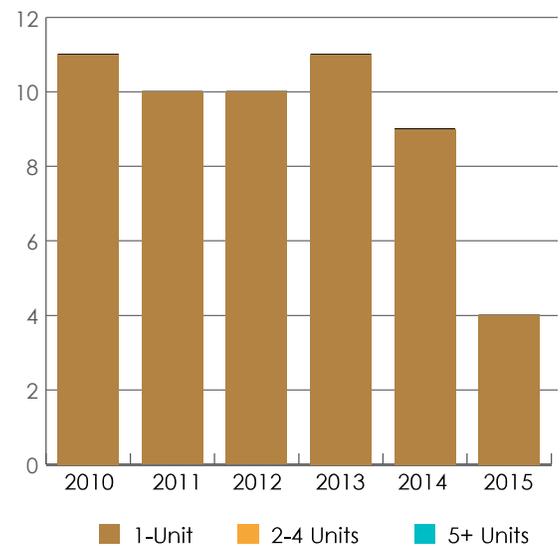
LAKE COUNTY

Employment and Industry Growth

Jobs by Industry	2015	% Change Since 2009	2015 Average Wage
Natural Resources	777	9.4%	$30,946
Construction	217	-6.5%	$35,766
Manufacturing	188	-37.3%	$34,802
Wholesale Trade **	55	22.2%	$33,580
Retail Trade**	250	-33.5%	$33,580
Transportation **	102	-27.7%	$33,580
Information	40	-38.5%	$59,479
Finance	56	N/A	$28,660
Professional, Scientific	209	-14.7%	$36,793
Education, Healthcare	513	-1.3%	$36,397
Leisure, Hospitality	251	-13.4%	$13,437
Public Administration	282	-11.6%	$16,562
Other Services	97	31.1%	$57,791
Total	**3,037**	**-10.0%**	

*** Combined average wage shown per BLS.*

Median Home Sales by Region, 2015

Oregon Region*	Sales Price
Lake County	Not Available**
Central	$276,545
Eastern	$143,468
Gorge	$238,045
North Coast	$221,895
Portland Metropolitan Statistical Area	$315,632
South Central	Not Available
Southwestern	$212,159
Willamette Valley	$217,611

*Regions are defined on the back cover
** This is the Zillow Home Value Index Estimate as of December 2015

6.4% Lake County

4.9% Oregon

Unemployment Rates, 2016

$12.02

Lake County's mean renter wage

$13.10

The hourly wage needed to afford a 2-bedroom apartment at HUD's Fair Market Rent.

52 hours

Fifty-two hours per week at minimum wage is needed to afford a 2-bedroom apartment.

3 out of 10
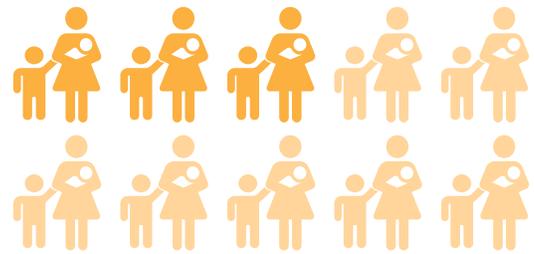
of all renters are paying more than 50% of their income in rent

5 out of 6

renters with extremely low incomes are paying more than 50% of their income in rent

Shortage of Affordable Units, 2010-2014

Renter Affordability	< 30% MFI	< 50% MFI	< 80% MFI
Renter Households	315	560	865
Affordable Units	429	884	1,329
Surplus / (Deficit)	114	324	464
Affordable & Available*	39	389	904
Surplus / (Deficit)	(276)	(171)	39

Number of affordable units either vacant or occupied by person(s) in income group.

Owner Affordability	... for MFI	.. for 80% MFI	.. for 50% MFI
Max Affordable Value	$169,510	$135,608	$84,755
% of Stock Affordable	60.0%	50.3%	30.7%

Point-in-Time Homelessness, 2017
Lake County: Total 12

100%

- Sheltered (0)
- Unsheltered (12)
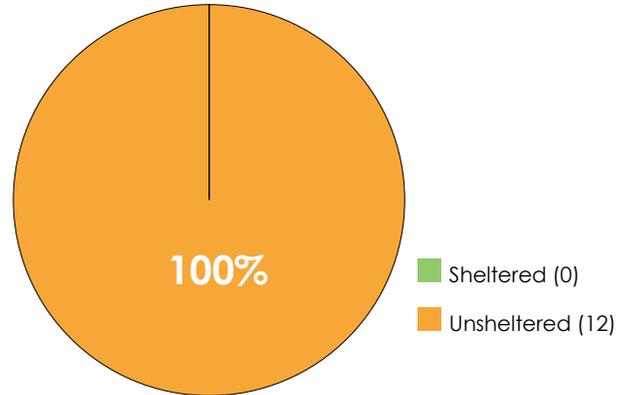
$43,401

Lake County's
Median Family Income (MFI)

Poverty Rates, 2011-2015

18.6% Lake

16.5% Oregon

Affordable and Available Rental Homes per 100 Renter Households, 2015

12
69
105

- At 30% MFI
- At 50% MFI
- At 80% MFI
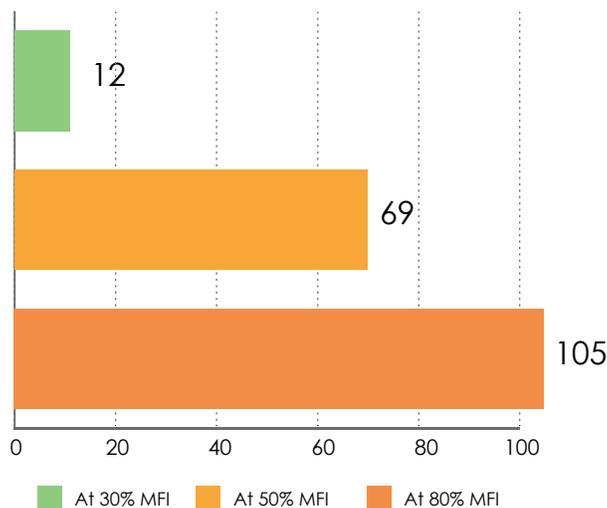
Self-Sufficiency Standard for Select Counties and Family Types, 2014

	One Adult	One Adult One Preschooler	Two Adults One Preschooler One School-Age
Coos	$18,447	$28,530	$40,876
Deschutes	$20,631	$40,088	$49,572
Jackson	$19,728	$37,497	$47,587
Jefferson	$18,480	$26,610	$41,345
Lake	$18,418	$25,289	$38,966
Lane	$19,892	$43,125	$60,005
Marion	$19,642	$31,149	$43,779
Multnomah	$19,993	$47,037	$65,027
Polk	$19,962	$31,281	$44,561
Washington	$24,353	$47,571	$65,800
Yamhill	$22,635	$39,305	$49,635

OREGON HOUSING AND COMMUNITY SERVICES
2017 STRATEGIC GOALS

1 — Build a stronger OHCS that engages, supports, and challenges employees.

We recognize the vital role our employees play in helping to meet the needs of Oregonians. We will work to ensure that our team has the resources needed to strive for excellence while fostering innovation and collaboration.

2 — Build a stronger OHCS that engages and serves our communities.

Our partners and stakeholders are leaders in providing effective solutions to their communities. We will work closely with them to mobilize our resources in helping to address statewide community needs.

3 — Work to close the affordable rental housing gap for low income households.

Rental housing that is affordable has become more out-of-reach than ever before. We will work to commit our resources to increase the supply of affordable housing to Oregonians with very low incomes.

4 — Prevent and reduce statewide poverty and homelessness.

Families, children, veterans and seniors are among the many Oregonians who experience homelessness each year. We will help vulnerable Oregonians become stably housed by serving communities through technical assistance, best practice implementation, educating opinion leaders, advancing research and improving policy.

5 — Reduce home energy costs and improve housing affordability through Energy Services programs.

The combined costs of housing and utilities are stretching the budgets of Oregonians. This leaves little resource available for other household expenses like food, transportation and childcare. We will work to improve household weatherization and energy efficiency so families can better utilize their resources to take care of basic needs.

6 — Expand access to homeownership among households with modest incomes; in particular to bridge the minority homeownership gap.

Homeownership is becoming harder to achieve for individuals, working families, and communities of color. We will work to safeguard the dream of homeownership by increasing the reach of our first time homebuyer loan programs and homeownership counseling opportunities.

7 — Work to avoid and resolve foreclosures.

Many homeowners do not have savings to cover the loss of a job, an unexpected medical bill or other difficult life event; putting many at risk of foreclosure in times of crisis. We will help Oregonians work through these financial crises to achieve housing stability.

VISION
All Oregonians have the opportunity to pursue prosperity and live free from poverty.

MISSION
We provide stable and affordable housing and engage leaders to develop integrated statewide policy that addresses poverty and provides opportunity for Oregonians.

VALUES
Collaboration
Compassion
Dedication
Equity
Integrity
Leadership

REPUTATION
Credible
Effective
Focused
Innovative
Professional
Transparent

UNIQUE VALUE
We bring statewide clarity and focus to deliver housing stabilization.

2018 & Beyond
Results from the 2017 goals and the State Housing Plan will inform future goals, outcomes, and updates.

OHCS will report, celebrate, benchmark, and retool at the end of 2017.

FOUNDATION, 2011-2016

Data Sources

Page 1:
Population Estimates: U.S. Census Bureau, Annual Population Estimates, 2010 and 2015
Homeownership Rates by Race/Ethnicity: U.S. Census Bureau, 2011-2015 American Community Survey Estimates
Median Rents: Zillow Rent Index, 2010-2016
Vacancy Rates: U.S. Census Bureau, 2011-2015 American Community Survey Estimates
Building Permits: U.S. Census Bureau, Building Permit Survey, 2010-2015

Page 2:
Employment and Industry Growth: 2011-2015 American Community Survey Estimates and Oregon Employment Department, Employment and Wages by Industry
Median Home Sales by Region: RMLS Data from Local Administrators, 2015
Unemployment Rate: Oregon Employment Department, Unemployment Rates, 2016 Not Seasonally Adjusted
Oregon's Renter Wage, Housing Wage, and Hours Needed to Work at Minimum Wage: National Low Income Housing Coalition, Out of Reach 2016
Rent Burden Infographics: 2011-2015 American Community Survey Estimates

Regions:
Central: Crook, Deschutes, Jefferson
Eastern: Baker, Gilliam, Grant, Harney, Malheur, Morrow, Umatilla, Union, Wallowa, Wheeler
Gorge: Hood River, Sherman, Wasco
North Coast: Clatsop, Columbia, Tillamook
Portland Metropolitan Statistical Area: Clackamas, Multnomah, Washington
South Central: Klamath, Lake
Southwestern: Coos, Curry, Douglas, Jackson, Josephine
Willamette Valley: Benton, Lane, Lincoln, Linn, Marion, Polk, Yamhill

Page 3:
Shortage of Affordable Units: HUD, 2010-2014 Comprehensive Housing Affordability Strategy Data
Oregon's Median Family Income: 2011-2015 American Community Survey Estimates
Affordable and Available Rental Homes per 100 Renter Households: HUD, 2010-2014 Comprehensive Housing Affordability Strategy Data
Point-in-Time Homeless Count: 2017 Point-in-Time Count estimates from HUD Continuums of Care
Poverty Rate: 2011-2015 American Community Survey Estimates
Self-Sufficiency Standard for Select Counties and Family Types: The Center for Women's Welfare, The Self-Sufficiency Standard for Oregon, 2014

A Place to Call Home: Lake County

Homes give people an opportunity to build better lives and communities. But how do Lake County residents fare?
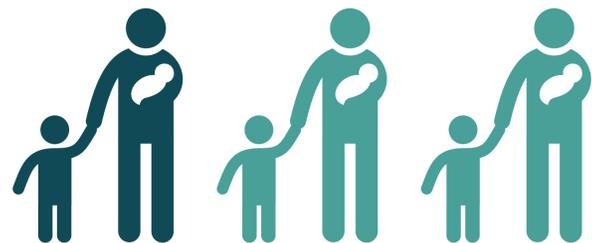
We have a serious shortage of affordable housing

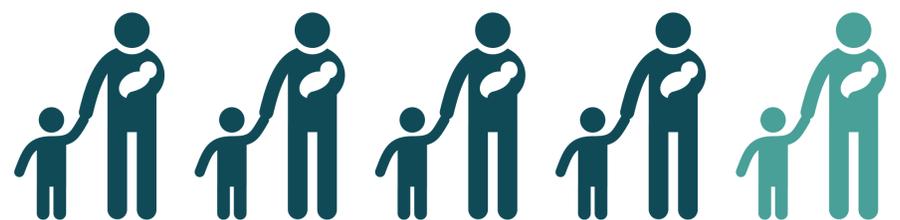For every 100 families with extremely low incomes, there are only 12 affordable units available.

276

units are needed to meet the need

1 out of 3

of all renters are paying more than 50% of their income in rent

More than 4 out of 5

renters with extremely low incomes are paying more than 50% of their income in rent

Our neighbors are facing homelessness

Social Security: $9,007

Veterans' pension: $15,229

Retirement: $16,331

1 bedroom housing wage: $20,480
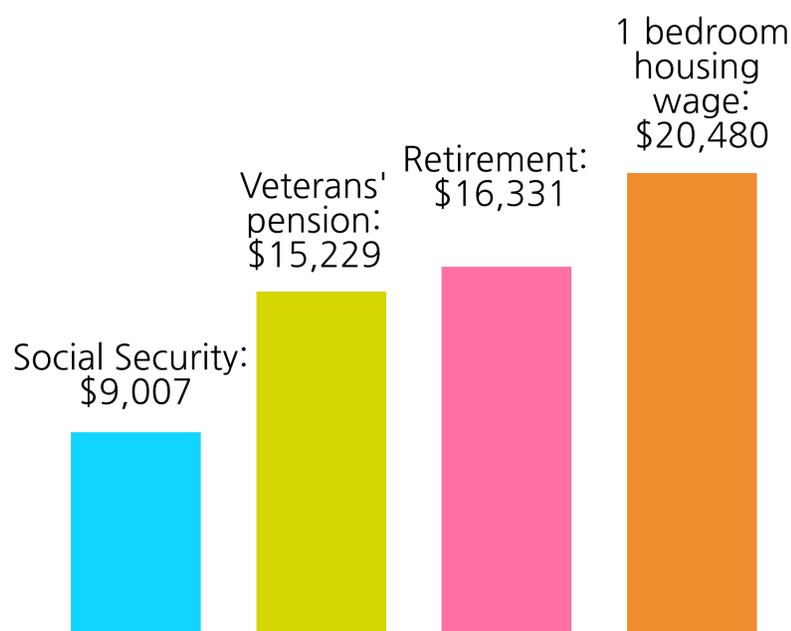
Oregonians on fixed incomes struggle to pay rent even for a one bedroom apartment.

1 in 28 students

experienced homelessness in 2016-2017

That's 44 children during the 2016-17 school year in Lake County.

Workers can't afford rent

$12.02

Mean renter wage

---

52 hours

Number of hours per week at minimum wage needed to afford a 2 bedroom apartment

A household must earn at least $27,240 to afford a 2 bedroom apartment at fair market rent.

School Bus
Driver:
$32,125

Cook:
$27,038

Housing wage:
$27,240

Minimum
wage:
$20,800

Income
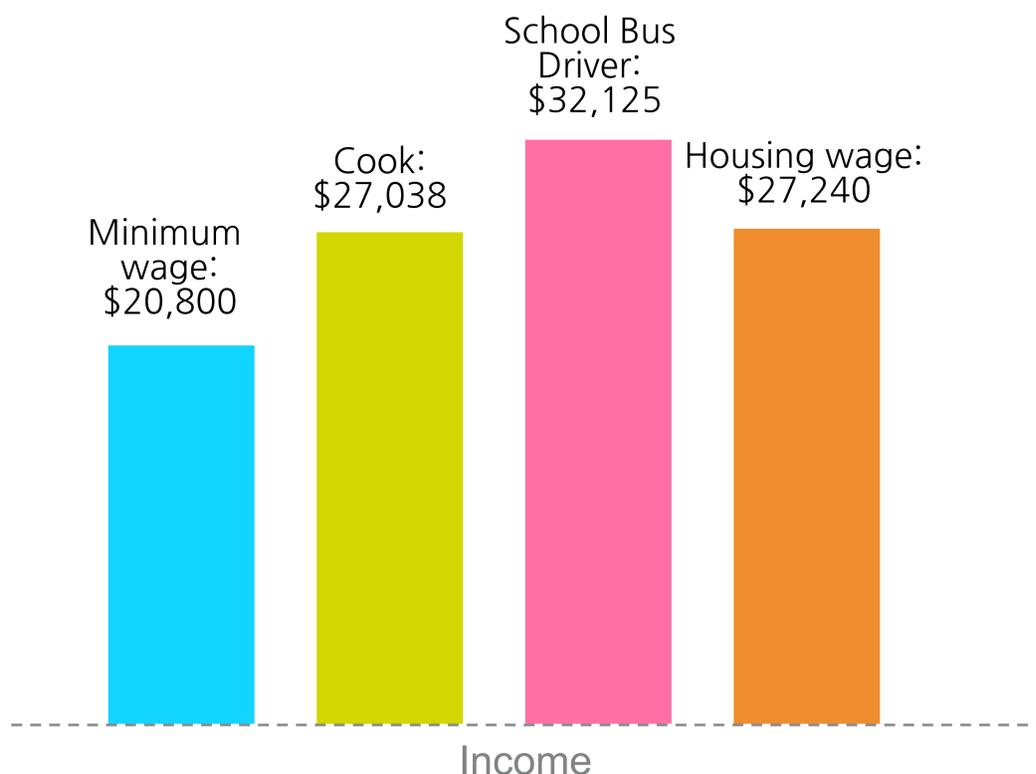
Homeownership is out of reach for many

Average home price an individual can afford

Area median
income:
$209,305

Construction
laborer:
$163,526

Office clerk:
$144,246

Average home
sale price:
$148,250

Home price

$148,250

average home sale price in 2017

SOLD
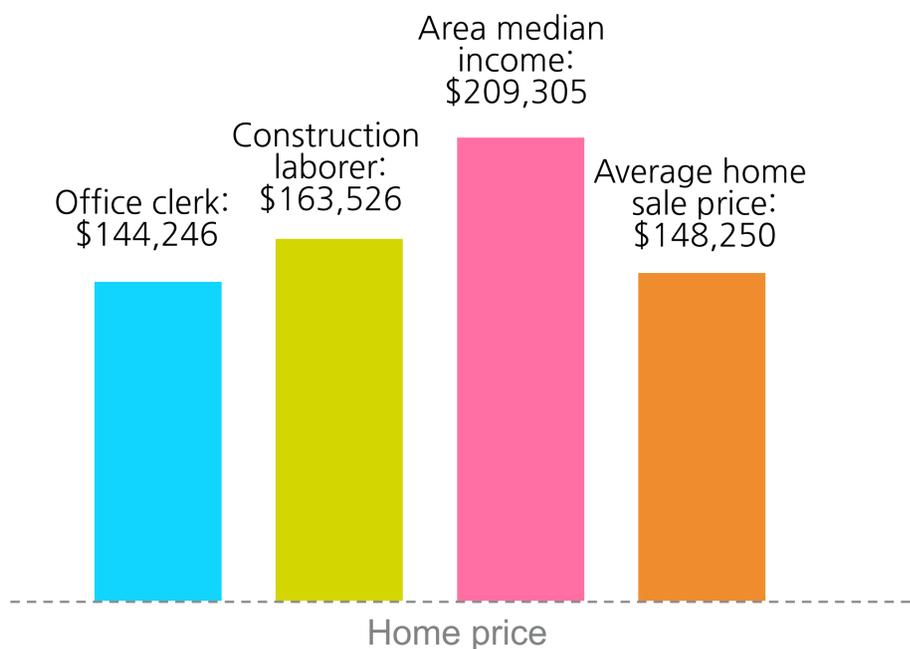
...an 12.7% increase in the last year

HOUSING
ALLIANCE

Incentive Measure Progress

2014- 2018 Progress

Estimates of Prevalence of BRFSS

by EOCCO Plan Members

EOCCO Incentive Measures

		EOCCO Targets					Lake County				
		2014	2015	2016	2017	2018	2014	2015	2016	2017	2018
1	Adolescent Well Care Visits	25.8%	27.7%	29.1%	37.3%	40.6%	12.7%	15.7%	16.9%	**36.4%**	24.9%
									33/195	67/184	56/225
2	Alcohol and Drug Misuse: SBIRT	3.8%	7.9%	11.8%	15.0%	12.0%	4.6%	1.6%	6.7%	18.1%	35.5%
									66/991	138/764	258/727
3	Assessments for Children in DHS Custody	58.8%	38.2%	64.5%	76.0%	86.2%	N/A	N/A	N/A	N/A	N/A
4	Childhood Immunization Status Combo 2	N/A	N/A	74.1%	72.9%	79.1%	N/A	N/A	55.0%	77.3%	71.4%
									11/20	17/22	15/21
5	Colorectal Cancer Screening	47%	38.3%	39.0%	43.9%	46.8%	N/A	15.6%	21.7%	45.1%	33.2%
									38/175	78/173	68/205
6	Dental Sealants	N/A	7.9%	17.4%	20.0%	22.9%	N/A	12.5%	27.4%	32.1%	23.0%
									61/223	72/224	63/274
7	Developmental Screening in the First 36 Months of Life	32.0%	37.3%	47.7%	57.3%	65.6%	12.7%	18.6%	33.8%	39.7%	39.4%
									25/74	31/78	28/71
8	Effective Contraceptive Use	N/A	34.6%	42.7%	48.1%	50.0%	N/A	24.9%	38.9%	56.9%	52.6%
									75/193	99/174	131/249
9	Emergency Department Utilization*	57.7	52.6	51.5	51.8	51.8	45.2	50.4	45.6	40.1	34.6
									946/20765	809/20197	679/19629
10	Emergency Department Utilization for Patients Experiencing Mental Illness*	N/A	N/A	N/A	N/A	119.5	N/A	N/A	N/A	N/A	65.5
											213/3254
11	Follow-Up after Hospitalization for Mental Illness	58.3%	66.6%	72.5%	75.7%	N/A	N/A	N/A	N/A	N/A	N/A
12	Depression Screening and Follow Up Plan	N/A	20.4%	25.0%	52.9%	60.3%	N/A	N/A	46.0%	83.8%	N/A
									148/322	728/865	
13	Controlling High Blood Pressure	N/A	55.2%	62.1%	66.9%	69.0%	N/A	N/A	51.4%	58.1%	N/A
									37/72	75/129	
14	Diabetes HbA1c Poor Control*	N/A	34.0%	23.4%	23.5%	28.0%	N/A	N/A	47.4%	17.1%	N/A
									18/38	13/76	
15	Cigarette Smoking Prevalence*	N/A	N/A	N/A	30.0%	25.0%	N/A	N/A	49.3%	39.4%	N/A
									204/414	327/831	
16	PCPCH Enrollment	60.0%	60.0%	60.0%	60.0%	60.0%	N/A	N/A	N/A	N/A	N/A
17	EHR Adoption	47.8%	63.0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
18	Timeliness of Prenatal Care	79.50%	90.0%	93.0%	91.0%	91.7%	100.0%	88.9%	100.0%	75.0%	N/A
							9/9	8/9	12/12	6/8	
19	CAHPS Access to Care	85.7%	86.8%	84.3%	83.7%	78.2%/88.8%	N/A	N/A	76.9%	84.2%	N/A
20	CAHPS Satisfaction with Care	86.5%	85.3%	89.2%	86.7%	N/A	N/A	N/A	66.7%	90.0%	N/A

*Lower is better

**Measurement changed

***EOCCO still met metric

2018 Data Through 11/30/2018

2014 Medicaid Behavioral Risk Factor Surveillance System Survey, Oregon Health Authority

2014 ADULT BRFSS	OR	All OHP	EOCCO	Lake County	Adults 2017 1106
Depression	24.4%	36.8%	34.5%	382	
Diabetes	9.2%	11.6%	10.5%	116	
All Chronic Diseases	54.8%	64.7%	61.0%	675	
Physical health Not Good	38.5%	53.1%	51.0%	564	
Mental Health Not Good	38.9%	50.5%	48.4%	535	
Sugary Drinks 1 or More per day	19.7%	27.2%	33.3%	368	
High Cholesterol		38.4%	35.9%	397	
High Blood Pressure	29.1%	28.3%	28.4%	314	
No Phyical Activity Outside of Work	16.5%	28.2%	32.3%	357	
Overweight / Obese	62.3%	66.1%	69.3%	766	
Obese	26.9%	36.2%	40.8%	451	
Morbidly Obese BMI > 40	4.2%	8.3%	9.7%	107	
Sleep < 8	31.3%	38.0%	41.4%	458	
High Blood Sugar	64.4%	60.1%	57.0%	630	
Colon Cancer Screening	66.0%	49.8%	44.9%	497	
Dental Visit	67.0%	51.7%	53.0%	586	
Smoking	16.2%	29.3%	29.9%	331	
Tobacco Chewing	3.5%	3.6%	6.2%	69	
Want to Quit	68.1%	76.4%	75.4%	249	
Tried to Quit	58.2%	62.2%	61.9%	205	
Binge Drinking	14.7%	12.1%	10.2%	113	
Heavy drinking	7.6%	5.0%	3.8%	42	
Food Insecurity	19.9%	48.6%	44.7%	494	
Hunger	10.3%	22.3%	18.8%	208	
4 or more ACE's	22.5%	34.7%	33.7%	373	
Effective Contraceptive Use	68.9%	58.4%	59.7%	660	
5 or more fruits / vegtables per day		26.7%	24.7%	273	